



State of Montana
DEPARTMENT OF CORRECTIONS
GLOBAL FUND REQUEST FOR RELEASE TRANSPORTATION

Date ____/____/____

Estimated Cost \$ _____

Name: _____

AO# _____

Release Date ____/____/20____

Housing Unit _____ Cell _____

Number of Meals Requested:

In State

Morning \$5: _____

Midday \$6: _____

Evening \$12: _____

Out of State

Morning \$7: _____

Midday \$11: _____

Evening \$23: _____

Inmate Signature _____

Type of Release:

- ☐ - 10 Day Furlough
☐ - Intensive Supervision (ISP)
☐ - Supervised Release (Probation)

- ☐ - Parole
☐ - Discharge
☐ - Other _____

Current Inmate account Balance: \$ _____
Gate Monies Qualified for: \$ _____
Total Balance: \$ _____

Less Cost of Travel: \$ (0.00)

New Account Balance: \$ _____

Funding Needed to meet Indigent Benchmark: \$ _____

Ending Account Balance: \$ _____

Destination Confirmed by Case Manager/IPPO on: _____ Staff Name: _____

Funding Allowable per Policy: _____

Transportation Expenses: _____ Transportation Company: _____

Meal Expenses: _____

Approved: _____ Denied: _____

Reason if Denied:

Associate Warden/Administrator: _____ Date: _____